

**DIVISION CIRCULAR #9
(N.J.A.C. 10:48-2)**

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES**

EFFECTIVE DATE: May 21, 2001

DATE ISSUED: June 6, 2001

I. TITLE: VIRAL HEPATITIS (TYPE B)

II. PURPOSE: To delineate Division of Developmental Disabilities' policies and procedures regarding the screening, treatment, and control of viral hepatitis B in the service components of the Division.

III. SCOPE: This circular applies to all components of the Division as well as agencies under contract with or regulated by the Division.

IV. POLICIES:

... The Division of Developmental Disabilities recognizes that developmentally disabled persons have the right to participate equally and fully in service. In the exercise of this right, however, the rights of other individuals must be considered.

... Individuals identified by a physician as hepatitis B carriers, or individuals who have acute hepatitis B shall not be excluded from regular participation in services solely on the basis of being diagnosed as hepatitis B infected or carriers.

... The placement in programs of individuals who have acute hepatitis B or who are carriers of hepatitis B shall be determined on a case by case basis. Any exclusion of an individual from a program or from program activities shall be based upon objective criteria as determined by the individual's interdisciplinary team and shall be related to a direct danger of infection to others. Reasonable and appropriate alternate activities, as determined by the interdisciplinary team, shall be provided to individuals who are excluded because of a diagnosis of active hepatitis B or carrier.

- ... If an individual is excluded from programming because of a diagnosis of hepatitis B or carrier of hepatitis B, the individual, guardian or family shall be advised of the reason for exclusion.
- ... When individuals and/or staff who are considered to be at risk are offered the opportunity to be immunized for hepatitis B, health care benefits and entitlements, medical insurance, or other means of medical coverage shall be utilized first as a means of payment. To the extent that the immunization costs are not covered by the sources above, the Division shall incur the expense either partially or totally.
- ... As a prerequisite for admission to a developmental center, appropriate immunization shall be required.

V. GENERAL STANDARDS:

NOTE: The remainder of this circular, is the Viral Hepatitis B as it appears in N.J.A.C. 10:48-2.

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Division of Developmental Disabilities

SUBCHAPTER 2. VIRAL HEPATITIS

10:48-2.1 Purpose

The purpose of this subchapter is to delineate Division of Developmental Disabilities policies and procedures regarding the screening, treatment and control of viral hepatitis B in the service components of the Division.

10:48-2.2 Scope

- (a) This subchapter applies to those employees and individuals receiving services within the following service components of the Division of Developmental Disabilities:
 - 1. Developmental Centers; and
 - 2. Community Services.
- (b) This subchapter also applies to programs offered by private mental retardation facilities licensed in accordance with N.J.A.C. 10:47.

10:48-2.3 Definitions

The following words and terms, when used in this subchapter, shall have the following meanings, unless the context clearly indicates otherwise:

“Acute viral hepatitis B” means the recent onset of viral hepatitis B which is identified by positive blood tests for HBsAg, and elevated liver function tests with other clinical symptoms compatible with hepatitis B.

“Anti-HBs” means the presence in the blood of the antibody to hepatitis B surface antigen, which indicates that the person has had a hepatitis B infection and is immune or has received a hepatitis B immune globulin. Provided that the person has not recently received immune globulin anti-HBs means, for the purposes of this subchapter, that the person is not susceptible.

“At risk” means a person who is neither a carrier of hepatitis B virus, nor has an antibody to hepatitis B, and who is, or may be expected to be, exposed to the blood or body fluids of an individual who is hepatitis B surface antigen positive, through either the person's own designated duties or through the behavior of the individual, which may include, but is not limited to, biting, scratching or self-mutilation.

“Department” means the Department of Human Services.

“Developmental Center” means those State-operated facilities providing residential services to specific individuals.

“Division” means the Division of Developmental Disabilities within the Department of Human Services.

“Exposure to hepatitis B” means a specific eye, mouth, mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious material.

“HBsAg” means hepatitis B surface antigen. Its presence in the blood indicates the person is a carrier.

“Hepatitis B carrier” means a person in whom the surface antigen for hepatitis is found in the blood when that person is tested twice six months apart.

“Hepatitis B immune globulin” means a prophylaxis, which contains a higher level of antibody to hepatitis B surface antigen than immune globulin. It is usually recommended for those exposed to HBsAg positive blood and who do not have protective antibodies.

“Hepatitis B Vaccine” means a vaccine recommended for those at risk of contracting hepatitis B. This vaccine is preventative in nature; its use is not contingent on exposure to the virus. Vaccination for hepatitis B is recommended for all infants, children, adolescents and young adults and other persons of all ages in areas of high prevalence or those who may be at increased risk of infection due to exposure to blood, blood product or bodily fluids.

“Individual habilitation plan (IHP)” means a written plan of intervention and action that is developed by the interdisciplinary team. It specifies both the goals and objectives being pursued on behalf of the individual and the steps being taken to achieve them by each agency. It identifies a continuum of skill development that outlines progressive steps and the anticipated outcomes of services. The individual habilitation plan is a single, consistent and comprehensive plan that encompasses all relevant components, such as an education plan, a program plan, a rehabilitation plan, a service plan, a treatment plan, and a health care plan. Various aspects of the plan, such as education, rehabilitation, health care and others, are assigned to those persons or agencies who can provide, or are legally required to provide, the training or services.

“Infectious person” means a person who is hepatitis B surface antigen positive.

“Immune person” means a person who is hepatitis B surface antibody positive.

“Institution” means developmental centers operated by the Division or private mental retardation facilities.

“Interdisciplinary team (IDT)” means an individually constituted group of relevant individuals responsible to develop a single integrated IHP. The team shall consist of the individual served, the individual’s parent (if the client is a minor or an adult who deserves that the parent be included), guardian or advocate, those persons who work most directly with the individual and professionals and representatives of service areas who are relevant to the identification of the individual’s needs and the design and evaluation of program to meet them.

“Private mental retardation facility” means an institution for the mentally retarded, whether operated for profit or not, which is not maintained, supervised or controlled by any agency of the government, or the state, or any county or municipality and which maintains and operates facilities and collects fees for the residential care and habilitation training of 16 or more, non-related developmentally disabled individuals for periods exceeding 24 hours.

“Susceptible person” means a person who has no serologic marker for hepatitis B virus.

“Transfer” means the removal of an individual from one service unit and placement into another service unit, as follows:

From	To
Developmental Center	Developmental Center
	Community Services
Community Service	Developmental Center

“Viral hepatitis B” means a type of inflammation of the liver. Hepatitis B virus is found in the blood, blood products, and to a lesser degree, in other body secretions. The major mode of transmission is blood to blood contact.

10:48-2.4 Exclusion from programs

- (a) Individuals identified by a physician as hepatitis B carriers, or individuals who have acute hepatitis B, shall not be excluded from regular participation in services solely on the basis of being diagnosed as hepatitis B infected or carriers.
- (b) The placement in programs of individuals who have acute hepatitis B or who are carriers of hepatitis B shall be determined on a case by case

basis. Any exclusion of an individual from a program or from program activities shall be based upon objective criteria as determined by the individual's interdisciplinary team and shall be related to a direct danger of infection to others. Reasonable and appropriate alternate activities, as determined by the interdisciplinary team, shall be provided to individuals who are excluded because of a diagnosis of active hepatitis B or carrier.

- (c) If an individual is excluded from programming because of a diagnosis of hepatitis B or carrier of hepatitis B, the individual, guardian or family shall be advised of the reason for exclusion.
- (d) The IDT shall evaluate the exclusion of individuals from programming every 90 days as long as the exclusion is in effect. The evaluation shall be noted in the individual's client record.

10:48-2.5 Immunization Expenses

- (a) When individuals receiving services who are considered to be at risk are offered the opportunity to be immunized for hepatitis B, health care benefits and entitlements, medical insurance, or other means of medical coverage shall be utilized first as a means of payment. To the extent that the immunization costs are not covered by these sources, the Division shall incur the expense either partially or totally.
- (b) When staff who are considered to be at risk are offered the opportunity to be immunized for hepatitis B, the Division shall incur the expense. The Division shall incur no liability if the individual chooses not to be immunized.
- (c) As a prerequisite for admission to a developmental center, appropriate immunization of the individual receiving services shall be required.

10:48-2.6 Requirements for program participation or placement of persons with hepatitis B

- (a) Decision concerning placement or program participation within community programs shall be made jointly by the Division and the service provider, in consultation with the individual's physician.
- (b) Medical questions may be referred to a mutually agreed-upon expert for consultation.
- (c) Individuals shall be immunized for hepatitis B before placement in a developmental center.

10:48-2.7 Staff training

- (a) Before the admission to service of an individual who has acute hepatitis B or who is a hepatitis B carrier, all staff shall receive instruction in the methods by which hepatitis B is transmitted and how personal hygiene can prevent the transmission of hepatitis.
- (b) Staff shall be informed of the various types of hepatitis vaccine and the protection provided by each type and shall be given the opportunity to receive immunization.
- (c) The service provider shall provide, or cause to be provided, the required training.
- (d) Training shall be repeated as circumstances require.

10:48-2.8 Responsibility for testing and monitoring

- (a) The provisions of this subchapter shall be followed in developmental centers and in private mental retardation facilities in New Jersey.
- (b) The provisions of this subchapter may be used as guidelines by physicians of individuals in community programs.

10:48-2.9 Testing and monitoring process

- (a) Except in emergency situations, each individual shall have a blood test to determine the presence of hepatitis B, using currently accepted techniques, within 60 days before the admission of the individual to developmental centers or private mental retardation facilities.
- (b) In emergency situations which require that the individual be admitted before testing has been completed or before the test results are obtained, the testing and monitoring process shall be completed within five working days after the individual is admitted.
- (c) If the individual is HBsAg positive, the individual shall be tested once more six months later, unless he or she is a known carrier. Testing thereafter shall be at the discretion of the attending physician.
- (d) No further testing is required for the anti-HBs is positive and the patient is certified by a physician as having a natural immunity.

10:48-2.10 Admission to an individual receiving services

- (a) An individual may be admitted to a developmental center if he or she has been tested and found to have acute hepatitis B or be a carrier of hepatitis B, if the developmental center can provide adequate medical care and precautions, as determined by the Medical Director of the center.
- (b) An individual may be admitted to a community program if he or she has been tested and found to have acute hepatitis B or be a carrier of hepatitis B, upon evaluation on a case-by-case basis, by the Division and the program, in consultation with the individual's physician.

10:48-2.11 Transfer of an individual receiving services

- (a) If an individual is to be transferred, testing shall be performed unless the individual has been identified as having a natural immunity, is a known carrier or has had testing within 30 days prior to the proposed transfer date, or has a positive anti-HBs within 5 years of vaccination. Monitoring and retesting shall be conducted as indicated in N.J.A.C. 10:48-2.8 and 2.9.
- (b) If testing has occurred within 30 days prior to the proposed transfer date, the monitoring and retesting shall be conducted as deemed appropriate by the attending physician.
- (c) Any delays in transferring an individual who has acute hepatitis B who is a hepatitis B carrier shall be reviewed on a case-by-case basis by the sending and receiving programs. A decision to delay the transfer of an individual shall be reviewed no less than 90 days.

10:48-2.12 Immunization of susceptible individuals at risk

All individuals receiving services or staff in day or residential programs in New Jersey who are not carriers and who do not have natural immunity and are at risk of contracting hepatitis B shall be provided with the opportunity to receive hepatitis B vaccine, under the terms indicated in N.J.A.C. 10:48-2.4(a) and (b).

10:48-2.13 Informed consent

- (a) Staff responsible for testing or vaccination shall obtain the individual's or individual's guardian's, or staff person's, informed consent before testing

or vaccination. The informed consent shall be placed in the client record or staff person's file, as appropriate.

- (b) Individuals who are not mentally deficient or incompetent and staff who are at risk shall be informed of the risk of contracting hepatitis B and the availability of vaccines, the benefits of the vaccines and possible adverse side effects of the vaccines. Written documentation of the information given to the individual or staff person shall be placed in the client record or staff person's file, as appropriate.
- (c) In the cases of minors or mentally deficient or incompetent adults who are at risk, the guardian of the person shall be informed of the availability of the vaccine, the benefits of the vaccine, and the possible adverse side effects. Written documentation of the information given to the guardian of the person shall be placed in the client record.
- (d) The person being informed shall be advised to consult his or her personal physician, or the personal physician of a minor or the mentally deficient or incompetent individual, as appropriate, to determine if the vaccine is contraindicated in the particular situation.
- (e) A staff member, an individual who is competent, a guardian of a minor or a guardian of a deficient or incompetent individual may elect to decline the offer of vaccination, after receiving information of the vaccine from the staff person designated to obtain consent.
- (f) A staff member, an individual who is competent, or a guardian of a minor or a guardian of a mentally deficient or incompetent individual shall sign a statement that he or she understands the benefits and the possible side effects of the vaccine and that he or she either agrees to or refuses the testing and/or the vaccine. The signed statement shall be kept in the employee's file or client record.
- (g) The requirements of (a) through (f) above shall be documented and kept in the client record or employee's file. Documentation shall be kept on file of all informed consent forms distributed and whether or not they were returned.

10:48-2.14 Immunization of individuals scheduled to be admitted to developmental centers

- (a) Prior to the admission of individuals to a developmental center, at least one dose of hepatitis B vaccine shall be administered to any individual who has been tested pursuant to the recommendations of the Center for

Disease Control Report Number 50, published March 1986 and who has no antibody or antigen to hepatitis B.

- (b) For emergency admissions, if admission occurs before testing and immunization can be initiated, then full hepatitis B testing and immunization shall take place as part of the initial admission medical evaluation.

10:48-2.15 Treatment for those who have been exposed to hepatitis and have not been immunized or who have no natural immunity

- (a) Division staff shall be responsible to advise individuals receiving services about the recommended treatment for those who have been exposed to hepatitis and have not been immunized or who have no natural immunity.
 - 1. Appropriate Division or agency staff shall inform the individual or guardian and staff that immunization is recommended in some cases, including, but not limited to, the following:
 - i. When the individual or staff person has been bitten by an individual who tests positive for HBsAg, if the bite breaks the skin;
 - ii. When the susceptible individual or staff person has been exposed to the blood or other body fluids of an individual who tests positive for HBsAg.
 - 2. Appropriate Division or agency staff shall inform the individual or guardian or staff person that the appropriate post-exposure treatment, as determined by a physician, should be started within 24 hours.

10:48-2.16 Registry of carriers of hepatitis B

- (a) A registry of hepatitis B carriers shall be maintained by developmental centers, and regional Offices of Community Services of the Division, which shall contain the names of all individuals by the center, or office who have been determined by a physician to be carriers of hepatitis B.
- (b) The registry shall be confidential, in accordance with N.J.A.C. 10:41-2.
- (c) The registry shall contain the individual's:
 - 1. Name;

2. Date of birth;
 3. Guardianship status;
 4. Current residential placement name and address;
 5. Current day program name and address;
 6. Hepatitis B surface antigen status;
 7. Hepatitis B antigen status.
- (d) The Community Services Registry shall contain, for each individual on the registry, a history of the person's institutional placement, and shall include psychiatric hospital, developmental center, or other placement, as applicable.
- (e) The registry shall be maintained as follows:
1. In the developmental center, by the staff person responsible for infection control;
 2. In the Bureau of Special Residential Services, by the Office of the Chief; and
 3. In the regional offices, by the Regional Nurse.
- (f) An individual's name shall be removed from the registry if he or she becomes immune.

10:48-2.17 Limitations to program participation

- (a) An individual who has acute hepatitis B or who is a carrier of hepatitis B shall be included in all programs designed for the individual in the IHP, unless a determination has been made by the IDT that the individual shall not participate in programming. This determination shall be fully documented in the individual's IHP.
- (b) Where exclusion from a specific program activity has been determined appropriate by the IDT, reasonable and appropriate alternatives shall be provided to the individual, consistent with the recommendations in his or her IHP.

- (c) Any exclusion of an individual from a program shall be based upon objective criteria, including, but not limited to, medical and behavioral consideration of any of the individual's behaviors which result in increased risk of transmission of hepatitis to others (for example, aggressive behavior (biting), self mutilation, accidental injury, frequent bleeding, sexual activity, uncontained menstrual bleeding, seizure disorders, oral pathology and skin lesions).
- (d) The individual or family of the individual or the guardian, as appropriate, shall be informed in writing of the individual's exclusion and the reason(s) for the exclusion.
- (e) The IDT shall evaluate exclusion of individuals from programming every 90 days as long as the exclusion is in effect. The evaluation shall be noted in the client record.

10:48-2.18 Appeal of exclusion of individual from program

If the individual, family or guardian disagrees with the exclusion from programming, an appeal may be made in accordance with the provisions of N.J.A.C. 10:48-1.